



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION
PERMITS AND LICENSES UNIT
500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER, 3RD FLOOR
NASHVILLE, TENNESSEE 37243-1162
Phone: (615) 741-1322 Fax: (615) 741-1583

COMPLAINT FORM

Please fill out the entire form unless otherwise indicated

DATE FILED

COMPLAINT # (Office Use Only)

COMPLAINANT

V

RESPONDENT

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Home Telephone Number
(Include area code)

Contact Telephone Number
(Include area code)

Please provide the following information if it would enable our inspector to contact you concerning your complaint, should a personal interview become necessary.

Alternative Daytime Contact Person: _____

Alternative Daytime Address: _____

(Street Address, City, State, Zip code)

Alternative Daytime Phone (Please include area code): _____

GO ON TO THE NEXT PAGE

NOTE: Pursuant to TCA Title 47, Chapter 18, the Tennessee Consumer Protection Act, you may want to file a complaint with the Division of Consumer Affairs, 5th Floor, 500 James Robertson Parkway, Nashville, Tennessee 37243. (615-741-4737) or (800-342-8385)

BASIS FOR YOUR COMPLAINT

(Give a complete statement of the facts, with dates. Add additional sheets if necessary. Also, attach originals of all documents that will support your allegations. Items that you should try to include are photographs, copies of purchase and/or installation contracts, cancelled checks, invoices, signed estimates, installation checklists, warranties (limited or otherwise), business cards, etc. You should retain copies.)

GO ON TO THE NEXT PAGE

Other person(s) with firsthand knowledge of your complaint:

Name: _____

Address: _____
(Street Address, City, State, Zip Code)

Home Phone: _____ Business Phone: _____
(Include area code) (Include area code)

(Attach an additional sheet if necessary.)

Have you consulted an attorney? Yes _____ No _____

If YES, please provide the following:

Name of Attorney: _____

Address: _____
(Street Address, City, State, Zip Code)

Phone (please provide area code): _____

Complainant Signature: _____

END OF DOCUMENT